



Roy F. Weston, Inc.
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3 Hawthorn Parkway
Vernon Hills, Illinois 60061-1450
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24 April 2000

Mr. Mike Ribordy
Remedial Project Manager
U.S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago, Illinois 60604

U.S. EPA Contract No.: 68-W7-0026
Work Assignment No.: 036-RICO-05MZ
Document Control No.: RFW036-2D-AFGP

Re: Health and Safety Plan
Evergreen Manor Site
Roscoe, Illinois

Dear Mr. Ribordy:

As requested, Roy F. Weston, Inc. (WESTON_®) is pleased to submit two copies of the Health and Safety Plan (HASP) for the Evergreen Manor site for your use. If you have any questions, please call us at (847) 918-4000.

Very truly yours,

ROY F. WESTON, INC.

Kurt T. Fischer, P.G.
Site Manager



SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by:
Krista Richardson / Andris Slesers

W.O. Number: 20064-036-100

Date: 04/20/00

Project Identification

Office: 01554/VHI
MW Division
Site Name: Evergreen Manor

Site History:

A RI/FS will be conducted to select a remedy to eliminate, reduce, or control risks to human health and the environment. Contamination was originally discovered at the site in November 1990 when a local homeowner's private water supply was analyzed. Analysis of the well indicated high levels of VOCs. IEPA and IDPH sampled the drinking water wells at 267 location in and around the Evergreen Manor site between December 1990 and March 1994 and installed 20 monitoring wells upgradient of the site. In July of 1998, EPA announced that the Site was proposed for the Superfund NPL List.

Client: U.S. EPA

Work Location Address: The Evergreen Manor Site is located approximately 1.5 miles NW of the Village of Roscoe, IL, in the West half of Sections 21 and 29, the South half of Section 16, and the East half of Sections 20 and 30, Township 46 N, Range 2 East.

Scope of Work:

Task 1: Soil Borings/Soil Sampling and Monitoring Well Installation

Task 2: Groundwater sampling Task 3: Residential/Monitoring well sampling Task 4: Surface water/Sediment sampling

☐ Site visit only; site HASP not necessary. List personnel here and sign off below:

Regulatory Status:

Site regulatory status:

CERCLA/SARA **RCRA** **Other Federal Agency**

☒ U.S. EPA ☐ U.S. EPA ☐ DOE
☐ State ☐ State ☐ USACE
☐ NPL Site **NRC** ☐ Air Force
☐ OSHA ☐ 10 CFR 20 ☐ _____

☐ Hazard Communication (Req'd See Attachment D)

☒ 1910 ☒ 1926 ☐ State

Safety Officer Manual (Required to be On-Site)

Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.

☐ Stack Test ☐ _____
☐ Air Emissions ☐ _____
☐ Asbestos ☐ _____
☐ Industrial Hygiene ☐ _____
☐ _____ ☐ _____

Review and Approval Documentation:

Reviewed by:
SO/DSM/CHS

Robert Nordin
Name (Print)

Robert Nordin
Signature

Date: 4/21/00

Other

Name (Print)

Signature

Date: _____

Approved by:

Project Manager Kurt Fischer
Name (Print)

Kurt Fischer
Signature

Date: 4/21/00

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)

☒ SHSC ☐ Site Manager

ANDRIS J. SLESERS
Name (Print)

Andris J. Slesers
Signature

Date: 4/21/00

Project start date:

End date:

This site HASP must be reissued/reapproved for any activities conducted after:

Date: 11/30/00

Amendment date(s) By:

- 1.
- 2.
- 3.
- 4.

WESTON REPRESENTATIVES			
Organization/Branch	Name/Title	Address	Telephone
001154/MWD/VHI	Andris Slesers/ Hydrogeologist	3 Hawthorn Parkway, Suite 400 Vernon Hills, IL 60061	(847) 918-4012
001098/MWD/VHI	Kurt Fischer/PM	3 Hawthorn Parkway, Suite 400 Vernon Hills, IL 60061	(847) 918-4016
001154/MWD/VHI	Angela Strong/ Geologist	3 Hawthorn Parkway, Suite 400 Vernon Hills, IL 60061	(847) 918-4096
Roles and Responsibilities: Kurt Fischer is the Project Manager. Andris Slesers is the Field Team Leader. Angela Strong is an alternate Field Team Leader.			
WESTON SUBCONTRACTORS			
Organization/Branch	Name/Title	Address	Telephone
Fugro Geosciences, Inc.	Jeff Ness / Dennis Stauffer Operations Mangers	6105 Rookin Street Houston, Texas 77074	(713) 778-5580
Roles and Responsibilities: Fugro will provide personnel and equipment to complete all Cone Penetrometer Testing (CPT) work.			
SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL			
<p>The Site Health and Safety Coordinator (SHSC) for activities to be conducted at this site is: <u>Andris Slesers</u></p> <p>The SHSC has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.</p> <p>Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as SHSCs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.</p> <p>Qualifications: Andris Slesers, and the alternate Angela Strong, are current in First Aid, CPR, Bloodborne Pathogens, OSHA 40 hour, OSHA 8 hour refresher, and SHSC Course.</p>			
Designated alternates include: Angela Strong			

HEALTH AND SAFETY EVALUATION

Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1	Soil boring/ Soil sampling/ Monitoring Well Installation	Soil borings will be advanced to specific depths. Soil samples will be collected using a split-spoon sampler. Monitoring wells will be installed in soil borings where applicable.	1 week
2	Groundwater sampling	Groundwater samples will be collected at 13 CPT test locations by advancing a stainless steel shielded well point and sample barrel or using an inertial pump.	2-3 weeks
3	Monitoring/ Residential well sampling	Residential and monitoring wells will be purged and sampled. Up to five monitoring wells may be installed at the site.	2-3 weeks
4	Surface water/Sediment sampling	Sediment and surface water samples will be collected from the Rock River and Dry Creek.	2-3 days

Types of Hazards:

1 Numbers refer to one of the following hazard evaluation forms. Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1 <input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Explosive <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> O ₂ Rich <input type="checkbox"/> O ₂ Deficient	Chemically Toxic 1 <input checked="" type="checkbox"/> Inhalation <input checked="" type="checkbox"/> Carcinogen <input checked="" type="checkbox"/> Ingestion <input type="checkbox"/> Mutagen <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Teratogen <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> OSHA 1910.1000 Substance (Air Contaminants) <input checked="" type="checkbox"/> OSHA Specific Hazard Substance Standard (Refer to following page for listing)	Radiation 3 Ionizing: <input type="checkbox"/> Internal exposure <input type="checkbox"/> External exposure Non-ionizing: <input type="checkbox"/> UV <input type="checkbox"/> IR <input type="checkbox"/> RF <input type="checkbox"/> MicroW <input type="checkbox"/> Laser	Biological 2 <input type="checkbox"/> Etiological Agent <input checked="" type="checkbox"/> Other (plant, insect, animal) <input checked="" type="checkbox"/> Physical Hazards 4 <input type="checkbox"/> Construction Activities
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Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks

☐ Air

Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

☒ Client Facility/WESTON Work Location – On site laboratory.

<p><input type="checkbox"/> Other Surface</p> <p><input checked="" type="checkbox"/> Groundwater</p> <p><input checked="" type="checkbox"/> Soil</p> <p><input checked="" type="checkbox"/> Surface Water</p> <p><input type="checkbox"/> Sanitary Wastewater</p> <p><input type="checkbox"/> Process Wastewater</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Nearby Non-Client Facility</p> <p>Describe:</p> <p><input type="checkbox"/> Have activities (task[s]) been coordinated with facility?</p>
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HEALTH AND SAFETY EVALUATION — 1 CHEMICAL HAZARDS OF CONCERN

☐ N/A

Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

☐ N/A

Identify hazardous materials used on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

Chemical Name	Concentration (if known)	Chemical Name	Quantity
1,1-dichloroethene	>7 ppb	Alconox	5-gallon diluted solution
cis-1,2-dichloroethene	unknown	Sulfuric Acid (as preservative) in sample bottles	small amounts
1,1-dichloroethane	unknown	Hydrochloric Acid (as preservative) in sample bottles	small amounts
1,1,1-trichloroethane (1,1,1-TCA)	unknown	Zinc Acetate (as preservative) in sample bottles	small amounts
TCE	>5 ppb	Sodium Hydroxide	small amounts
PCE	unknown	gasoline	Less than 5 gallons
1,1,2-trichloroethane	unknown		

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

The following substances may require specific medical, training, or monitoring based on concentration or evaluation of risk. See the appropriate citation listed under 29 CFR 1910 or 1926 for additional information.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1910.1001 Asbestos | <input type="checkbox"/> 1910.1002 Coal tar pitch volatiles | <input type="checkbox"/> 1910.1003 4-Nitrobiphenyl, etc. | <input type="checkbox"/> 1910.1004 alpha-Naphthylamine |
| <input type="checkbox"/> 1910.1005 [Reserved] | <input type="checkbox"/> 1910.1006 Methyl chloromethyl ether | <input type="checkbox"/> 1910.1007 3,3'-Dichlorobenzidine (and its salts) | <input type="checkbox"/> 1910.1008 bis-Chloromethyl ether |
| <input type="checkbox"/> 1910.1009 beta-Naphthylamine | <input type="checkbox"/> 1910.1010 Benzidine | <input type="checkbox"/> 1910.1011 4-Aminodiphenyl | <input type="checkbox"/> 1910.1012 Ethyleneimine |
| <input type="checkbox"/> 1910.1013 beta-Propiolactone | <input type="checkbox"/> 1910.1014 2-Acetylaminofluorene | <input type="checkbox"/> 1910.1015 4-Dimethylaminoazobenzene | <input type="checkbox"/> 1910.1016 N-Nitrosodimethylamine |
| <input type="checkbox"/> 1910.1017 Vinyl chloride | <input type="checkbox"/> 1910.1018 Inorganic arsenic | <input type="checkbox"/> 1910.1025 Lead (Att. FLD# 46) | <input type="checkbox"/> 1910.1027 Cadmium |
| <input type="checkbox"/> 1910.1028 Benzene | <input type="checkbox"/> 1910.1029 Coke oven emissions | <input type="checkbox"/> 1910.1043 Cotton dust | <input type="checkbox"/> 1910.1044 1,2-Dibromo-3-chloropropane |
| <input type="checkbox"/> 1910.1045 Acrylonitrile | <input type="checkbox"/> 1910.1047 Ethylene oxide | <input type="checkbox"/> 1910.1048 Formaldehyde | <input type="checkbox"/> 1910.1050 Methylenedianiline |
| <input type="checkbox"/> 1910.1051 1,3 Butadiene | <input type="checkbox"/> 1910.1052 Methylene chloride | | |

HEALTH AND SAFETY EVALUATION — 2 BIOLOGICAL HAZARDS OF CONCERN

☒ Poisonous Plants (FLD 43)

Location/Task No(s):: 1-4

Source: ☐ Known ☒ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☒ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☒ Yes ☐ No

Immunization required: ☐ Yes ☒ No

☒ Insects (FLD 43)

Location/Task No(s):: 1-4

Source: ☐ Known ☒ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☒ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No

Immunization required: ☐ Yes ☒ No

☐ Snakes, Reptiles (FLD 43)

Location/Task No(s)::

Source: ☐ Known ☐ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No

Immunization required: ☐ Yes ☐ No

☒ Animals (FLD 43)

Location/Task No(s):: 1-4

Source: ☐ Known ☒ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☒ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☒ No

Immunization required: ☐ Yes ☒ No

FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP ☒

☐ Sewage

Location/Task No(s)::

Source: ☐ Known ☐ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No

Immunization required: ☐ Yes ☐ No

Tetanus Vaccination within Past 10 yrs: ☐ Yes ☐ No

☐ Etiologic Agents (List)

Location/Task No(s)::

Source: ☐ Known ☐ Suspect

Route of Exposure: ☐ Inhalation ☐ Ingestion
☐ Contact ☐ Direct Penetration

Team Member(s) Allergic: ☐ Yes ☐ No

Immunization required: ☐ Yes ☐ No

FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP ☒

FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP ☐

HEALTH AND SAFETY EVALUATION — 4 PHYSICAL HAZARDS OF CONCERN

Phy. Haz. Cond.	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	<input checked="" type="checkbox"/>	FLD01 - Noise Protection
Inclement weather	Rain/humidity/cold/ice/snow/lightning	<input checked="" type="checkbox"/>	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input checked="" type="checkbox"/>	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	<input checked="" type="checkbox"/>	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input checked="" type="checkbox"/>	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	<input checked="" type="checkbox"/>	FLD07 - Wet Feet
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 - Confined Space Entry
Explosive vapors	Thermal burns/impaction/dismemberment	<input type="checkbox"/>	FLD09 - Hot Work
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input checked="" type="checkbox"/>	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	<input checked="" type="checkbox"/>	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input checked="" type="checkbox"/>	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	<input type="checkbox"/>	FLD13 - Structural Integrity
Hostile persons	Bodily injury	<input checked="" type="checkbox"/>	FLD14 - Site Security
Remote area	Slips/trips/falls/back strain/communication	<input checked="" type="checkbox"/>	FLD15 - Remote Area
Improper cyl. handling	Mechanical injury/fire/explosion/suffocation	<input type="checkbox"/>	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	<input checked="" type="checkbox"/>	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input checked="" type="checkbox"/>	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input checked="" type="checkbox"/>	FLD22 - Heavy Equipment Operation
Moving mech. parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes/Lifting Equipment Operation
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 - Aerial Lifts/Manlifts
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input type="checkbox"/>	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 - Excavating/Trenching
Improper material handling	Back injury/crushing from load shifts	<input checked="" type="checkbox"/>	FLD29 - Materials Handling
Physiochemical	Explosions/fires from oxidizing, flam./corr. material	<input checked="" type="checkbox"/>	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	<input type="checkbox"/>	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	<input checked="" type="checkbox"/>	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	<input checked="" type="checkbox"/>	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	<input checked="" type="checkbox"/>	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	<input type="checkbox"/>	FLD36 - Welding/Cutting/Burning
Impact/thermal	Thermal burns/high pressure impaction/heat stress	<input checked="" type="checkbox"/>	FLD37 - High Pressure Washers
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	<input checked="" type="checkbox"/>	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	<input checked="" type="checkbox"/>	FLD39 - Illumination
Fire/explosion	Burns/impaction	<input type="checkbox"/>	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input checked="" type="checkbox"/>	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input checked="" type="checkbox"/>	FLD42 - Lockout/Tagout
Drilling hazards	Electrocution/overhead hazards/pinch points	<input checked="" type="checkbox"/>	2.5 - Drilling Safety Guide

TASK-BY-TASK RISK ASSESSMENT
(Complete One Sheet for Each Task)

TASK DESCRIPTION

Task 1 - Soil borings: Soil borings and sampling will be accomplished using hollow stem auger drilling with split spoon sampling. If significant clay units or impermeable layers are encountered, Shelby tube samples may be collected for vertical permeability. Monitoring wells may be installed in select soil borings.

Task 2 - Groundwater sampling: Up to ten groundwater samples will be collected from each of the 16 CPT test locations. The samples will be collected by advancing a stainless steel shielded well point to the desired depth. The shield will be opened to allow groundwater to enter. Groundwater samples may be collected using an inertial pump where more sample volume is required.

Task 3 - Residential/Monitoring well sampling: Up to 50 residential wells will be sampled. The water system must first be purged following the set procedures. Water samples will be collected from outside taps/spigots as close as possible to the pump. Up to 13 monitoring wells will be sampled. Monitoring wells will be purged and sampled using a submersible pump.

Task 4 - Surface water/Sediment sampling: Six surface water and sediment samples will be collected from the Rock River and Dry Creek. Sediment samples are obtained using a spring-loaded Eckman dredge, Ponar grab sampler, bucket auger or another suitable device attached to a rope. Sediment samples will be collected starting with the farthest downstream location. Surface water samples will be collected from the same locations as the sediment samples. Surface water samples will be collected within 5 feet of the shore and just below the water surface.

EQUIPMENT REQUIRED/USED

(Be specific, e.g., hand tools, heavy equipment, instruments, PPE)

Drill rig, steam cleaner, PID or OVA, modified level D PPE, hand tools, pump, various water meters, generator.

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

PPE will be used to reduce potential to contact with water and/or soil. Concentrations are expected to be low, based on past detections. PID or OVM will be used to continuously monitor breathing zone during initial CPT work.

Physical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Drill rig, traffic, slip/trip/fall, and weather related hazards/concerns will be minimized by adherence to SOPs.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Insects may be present due to proximity to water bodies. Animals are not expected to be of concern. Poisonous plants (e.g., poison ivy) are expected. General awareness/avoidance and required PPE should address the hazards. Also refer to FLD OP 43.

RADIOLOGICAL

☐ Hazard Present Risk Level: ☐ H ☐ M ☐ L

What justifies risk level?

LEVELS OF PROTECTION/JUSTIFICATION

Start work in each work area in modified level D PPE with continuous air monitoring. If vapor levels exceed action levels, work will be stopped to evaluate the need for higher level of PPE.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

FLD Ops per Form 7; use of buddy system in work area; traffic control procedures.

PERSONNEL PROTECTION PLAN

Engineering Controls

Describe Engineering Controls used as part of Personnel Protection Plan:

Task(s)

1 & 3 Dust suppression as necessary.

Administrative Controls

Describe Administrative Controls used as part of Personnel Protection Plan:

Task(s)

1 - 4 Distance will be maintained from drilling equipment whenever possible. Appropriate traffic signs and safety cones will be used where necessary. "Work zones" will be established to minimize risk to public.

Personal Protective Equipment

Action Levels for Changing Levels of Protection. Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task:

Task(s)

1 - 4 All sampling will be performed in Modified Level D protection. Inner/outer latex or Nitrile gloves and rubber booties will be required when in contact with potentially contaminated material. Air monitoring will be required when in contact with potentially contaminated material. Air monitoring will be performed with a PID or OVA.

DESCRIPTION OF LEVELS OF PROTECTION

Level D	Level D Modified
Task(s): <input type="checkbox"/> Head <input type="checkbox"/> Eye and Face <input type="checkbox"/> Hearing <input type="checkbox"/> Arms and Legs Only <input type="checkbox"/> Appropriate Work Uniform <input type="checkbox"/> Hand - Gloves <input type="checkbox"/> Foot - Safety Boots <input type="checkbox"/> Fall Protection <input type="checkbox"/> Flotation <input type="checkbox"/> Other	Task(s): 1-4 <input checked="" type="checkbox"/> Head Hard hat around drill rig <input checked="" type="checkbox"/> Eye and Face Safety glasses <input checked="" type="checkbox"/> Hearing Ear plugs (as necessary) <input type="checkbox"/> Arms and Legs Only <input checked="" type="checkbox"/> Whole Body Work uniform. Tyvek to keep clean (as necessary). <input checked="" type="checkbox"/> Apron Orange safety vest (as necessary) <input checked="" type="checkbox"/> Hand - Gloves Latex/Nitrile gloves <input checked="" type="checkbox"/> Gloves Surgical Nitrile gloves <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Foot - Safety Boots Steel toe safety boots <input checked="" type="checkbox"/> Over Boots Booties

DESCRIPTION OF LEVELS OF PROTECTION

Level C	Level B
Task(s): <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Head Hard hat </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Eye and Face Respirator </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Hearing Ear plugs - as necessary </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Arms and Legs Only </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Whole Body Tyvek </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Apron Orange safety vest (as necessary) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Hand - Gloves </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Gloves Latex gloves </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Gloves Nitrile gloves </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Foot - Safety Boots </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Outer Boots Booties </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Boots (Other) </div> <hr/> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Half Face </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Cart./Canister </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input checked="" type="checkbox"/> Full Face MSA (or equivalent) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Cart./Canister GMC-H (or equivalent) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> PAPR </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Cart./Canister </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Type C </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Fall Protection </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Flotation </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Other </div>	Task(s): <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Head </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Eye and Face </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Hearing </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Arms and Legs Only </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Whole Body </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Apron </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Hand - Gloves </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Gloves </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Gloves </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Foot - Safety Boots </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Outer Boots </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Boots (Other) </div> <hr/> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> SAR - Airline </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> SCBA </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Comb. Airline/SCBA </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Cascade System </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Compressor </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Fall Protection </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Flotation </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Other </div>

SITE OR PROJECT HAZARD MONITORING PROGRAM

Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: ☐ Field Notebook ☐ Field Data Sheets* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
<input type="checkbox"/> CGI				<input type="checkbox"/>		
<input type="checkbox"/> O ₂				<input type="checkbox"/>		
<input type="checkbox"/> CGI/O ₂				<input type="checkbox"/>		
<input type="checkbox"/> CGI/O ₂ /tox-PPM, H ₂ S, H ₂ S/CO				<input type="checkbox"/>		
<input type="checkbox"/> RAD				<input type="checkbox"/>		
<input type="checkbox"/> GM (Pancake)				<input type="checkbox"/>		
<input type="checkbox"/> NaI (Micro R)				<input type="checkbox"/>		
<input type="checkbox"/> ZnS (Alpha Scintillator)				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input checked="" type="checkbox"/> PID	1			<input type="checkbox"/>		
<input type="checkbox"/> HNu 10.2				<input type="checkbox"/>		
<input type="checkbox"/> HNu 11.7				<input type="checkbox"/>		
<input type="checkbox"/> Photovac, TMA				<input type="checkbox"/>		
<input checked="" type="checkbox"/> OVM	1			<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		
<input type="checkbox"/> FID				<input type="checkbox"/>		
<input type="checkbox"/> Fox 128				<input type="checkbox"/>		
<input type="checkbox"/> Heath, AID, Other				<input type="checkbox"/>		
<input type="checkbox"/> RAM, Mini-RAM, Other _____				<input type="checkbox"/>		
<input type="checkbox"/> Monitox				<input type="checkbox"/>		
Specify: _____				<input type="checkbox"/>		
<input type="checkbox"/> Personal Sampling				<input type="checkbox"/>		
Specify: _____				<input type="checkbox"/>		
<input type="checkbox"/> Bio-Aerosol Monitor				<input type="checkbox"/>		
<input type="checkbox"/> Pump - MSA, Dräger, Sensidyne				<input type="checkbox"/>		
<input type="checkbox"/> Tubes/type: _____				<input type="checkbox"/>		
<input type="checkbox"/> Tubes/type: _____				<input type="checkbox"/>		
<input type="checkbox"/> Other _____				<input type="checkbox"/>		

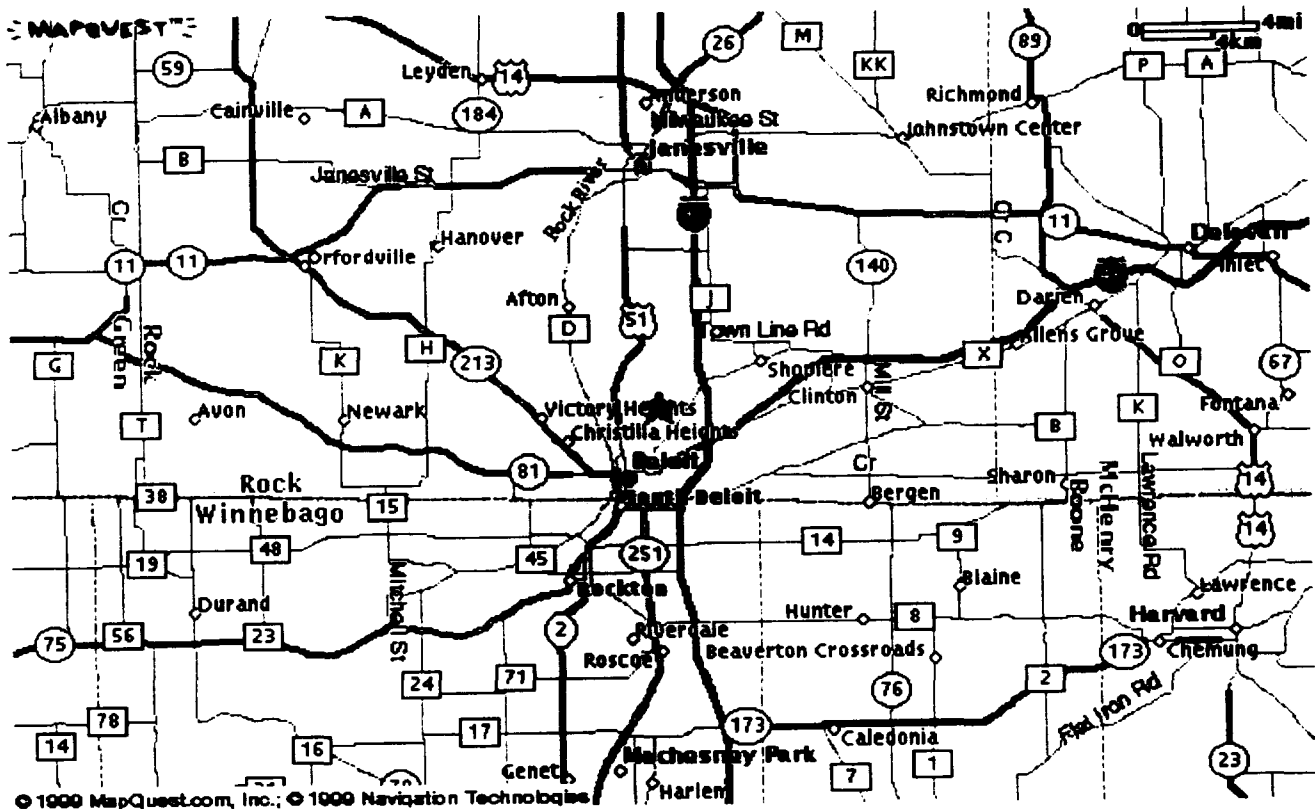
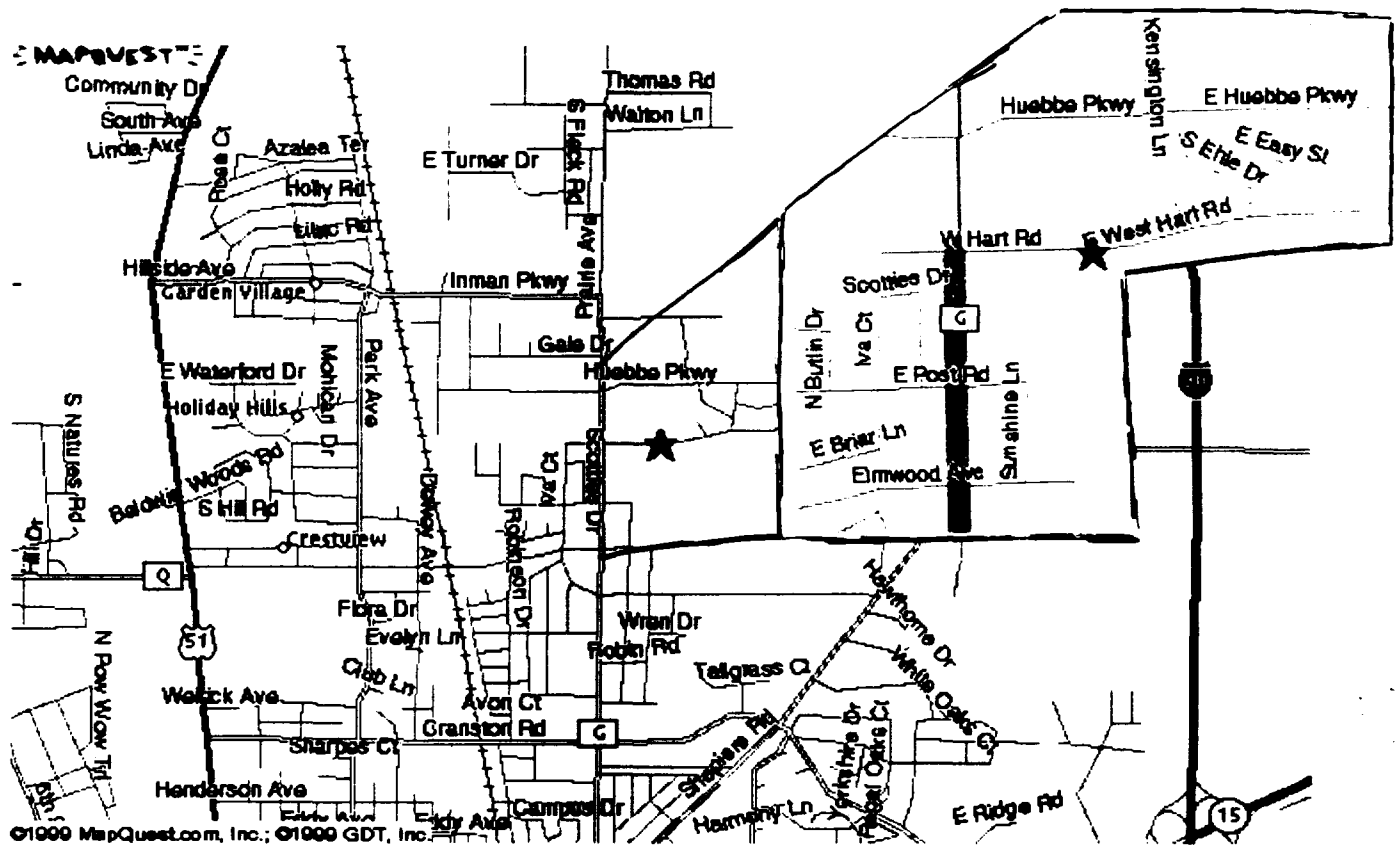
*Refer to Attachment E.

[illegible]

SITE AIR MONITORING PROGRAM					
Action Levels					
These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors.					
	Tasks	Action Level		Action	
<input type="checkbox"/> Explosive atmosphere		Ambient Air Concentration	Confined Space Concentration		
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.	
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.	
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.	
<input type="checkbox"/> Oxygen		Ambient Air Concentration	Confined Space Concentration		
		<19.5% O ₂	<19.5% O ₂	Leave area. Re-enter only with self-contained breathing apparatus.	
		19.5% to 25% O ₂	19.5% to 23.5% O ₂	Work may continue. Investigate changes from 21%.	
		>25% O ₂	>23.5% O ₂	Work must stop. Ventilate area before returning.	
<input type="checkbox"/> Radiation		< 3 times background 3 times background to < 1 mR/hour		Continue work. Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.	
		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.	
<input checked="" type="checkbox"/> Organic gases and vapors	1	0-10 units > 10 units Note: if level C upgrade required, Level C SHSC must be on site before work can continue.		Work in modified Level D Allow borehole (or area) to vent, if readings persist stop work. Re-evaluate.	
<input checked="" type="checkbox"/> Inorganic gases, vapors, and particulates	1	If visible dust is present If visible dust cannot be controlled		Implement more stringent dust control procedures Stop work and re-evaluate	

CONTINGENCIES		
Emergency Contacts and Phone Numbers		
Agency	Contact	Phone Number
Local Medical Emergency Facility (LMF)	Beloit Memorial Hospital, Inc.	(608) 364-5011
WESTON Medical Emergency Contact	Continuum - Dr. Elyane Theriault	1-800-229-3674
WESTON Health and Safety	Corporate Health and Safety	(610) 701-3000
Fire Department	Dispatcher	911
Police Department	Dispatcher	911
On-Site Coordinator- SHSC	TBD	TBD
Client Site Contact	TBD	TBD
Site Telephone	Weston Vehicle	TBD
Nearest Telephone	Weston Vehicle	TBD
Local Medical Emergency Facility(s)		
Name of Hospital: Beloit Memorial Hospital, Inc.		
Address: 1969 W. Hart Rd. Beloit, Wisconsin 53511		Phone No.: (608) 364-5011
Name of Contact:		Phone No.: 911
Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital (written detail): Follow SR-251 North. SR-251 N becomes SR-51 N. Turn Right onto SR-81 Turn left onto Prairie Ave. Turn Right onto W. Hart Rd.	Travel time from site: 20 min Distance to hospital: 9 miles Name/no. of 24-hr ambulance service: Local Service / 911
Secondary or Specialty Service Provider		
Name of Hospital:		
Address:		Phone No.:
Name of Contact:		Phone No.:
Type of Service: <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input type="checkbox"/> Physical trauma and chemical exposure <input type="checkbox"/> Available 24 hours	Route to Hospital (written detail):	Travel time from site: Distance to hospital: Name/no. of 24-hr ambulance service: /
Figure 1. Route to Hospital (Draw map to hospital here if space permits or attach on next sheet.)		

Beloit Memorial Hospital Inc
1969 W Hart Rd, Beloit, WI 53511
(608) 364-5011



CONTINGENCIES				
Response Plans				
Medical - General Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination.	First Aid Kit:	Type Field kit BBP kit	Location Weston Vehicle	Special First-Aid Procedures: Cyanides on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, contact LMF. Do they have antidote kit? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Eyewash required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type	Location Weston Vehicle	HF on-site <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
	Shower required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type	Location	
Plan for Response to Spill/Release		Plan for Response to Fire/Explosion		Fire Extinguishers
In the event of a spill or release, ensure safety, assess situation, and perform containment and control measures, as appropriate.	a. Cleanup per MSDSs if small; or sound alarm, call for assistance, notify Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can respond safely e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess situation, and perform containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher <u>only if safe and trained</u> in its use e. Stand by to inform emergency responders of materials and conditions	Type/Location ABC/Weston Vehicle _____ / _____ / _____ / _____ / _____ /
Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)		Location
Plan to Respond to Security Problems				
Call police department @ 911.				

DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, **step-by-step** procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐

Level B

☐

Level C

☒

Level D

Modifications include:

Disposition of Decontamination Wastes

Provide a description of waste disposition, including identification of storage area, hauler, and final disposal site, if applicable:

All waste material generated will be placed in appropriate containers and disposed of in accordance with all applicable regulations.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

The CPT truck rig has a built in steam cleaning mechanism. All water generated during steam cleaning will be containerized in 55-gallon drums, or other sealable containers.

Should a drill rig be used, a temporary decontamination pad will be built; the working end of the drill rig will be steam cleaned; the augers and bits will be steam cleaned; and soil and/or water from steam cleaning will be collected in 55-gallon drums, or other sealable containers.

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

All sampling equipment will be steam cleaned or washed with an Alconox solution and rinsed with potable water.

LEVEL D/MODIFIED LEVEL D DECONTAMINATION PLAN	
Check indicated functions or add steps, as necessary:	
Function	Description of Process, Solution, and Container
<input checked="" type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input type="checkbox"/> Tape removal - outer glove and boot	
<input checked="" type="checkbox"/> Boot cover removal	Place in bag/drum
<input checked="" type="checkbox"/> Outer glove removal	Place in bag/drum
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input checked="" type="checkbox"/> Suit removal	As necessary - Place in bag/drum
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input checked="" type="checkbox"/> Inner glove removal	Place in bag/drum
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input checked="" type="checkbox"/> Field wash	Wash hands with soap and water.
<input type="checkbox"/> Redress	
Disposal Plan, End of Day: All waste material generated will be placed in appropriate containers and disposed of in accordance with all applicable regulations.	
Disposal Plan, End of Week: As Above	
Disposal Plan, End of Project: As Above	

LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
<input checked="" type="checkbox"/> Segregated equipment drop	
<input type="checkbox"/> Boot cover and glove wash	
<input type="checkbox"/> Boot cover and glove rinse	
<input checked="" type="checkbox"/> Tape removal - outer glove and boot	Place in bag/drum
<input checked="" type="checkbox"/> Boot cover removal	Place in bag/drum
<input checked="" type="checkbox"/> Outer glove removal	Place in bag/drum
HOTLINE	
<input type="checkbox"/> Suit/safety boot wash	
<input type="checkbox"/> Suit/boot/glove rinse	
<input type="checkbox"/> Safety boot removal	
<input checked="" type="checkbox"/> Suit removal	Place in bag/drum
<input type="checkbox"/> Inner glove wash	
<input type="checkbox"/> Inner glove rinse	
<input checked="" type="checkbox"/> Facepiece removal	Set aside for cleaning per SOPs
<input checked="" type="checkbox"/> Inner glove removal	Place in bag/drum
<input type="checkbox"/> Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
<input checked="" type="checkbox"/> Field wash	Wash face and hands with soap and water.
<input type="checkbox"/> Redress	

Disposal Plan, End of Day:

All waste material generated will be placed in appropriate containers and disposed of per applicable regulatory requirements.

Disposal Plan, End of Week:

As Above

Disposal Plan, End of Project:

As Above

LEVEL B DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
----------	---

- | | |
|--|--|
| <input type="checkbox"/> Segregated equipment drop | |
| <input type="checkbox"/> Boot cover and glove wash | |
| <input type="checkbox"/> Boot cover and glove rinse | |
| <input type="checkbox"/> Tape removal - outer glove and boot | |
| <input type="checkbox"/> Boot cover removal | |
| <input type="checkbox"/> Outer glove removal | |

HOTLINE

- | | |
|---|--|
| <input type="checkbox"/> Suit/safety boot wash | |
| <input type="checkbox"/> Suit/SCBA/boot/glove rinse | |
| <input type="checkbox"/> Safety boot removal | |
| <input type="checkbox"/> Remove SCBA backpack without disconnecting | |
| <input type="checkbox"/> Splash suit removal | |
| <input type="checkbox"/> Inner glove wash | |
| <input type="checkbox"/> Inner glove rinse | |
| <input type="checkbox"/> SCBA disconnect and facepiece removal | |
| <input type="checkbox"/> Inner glove removal | |
| <input type="checkbox"/> Inner clothing removal | |

CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Field wash | |
| <input type="checkbox"/> Redress | |

Disposal Plan, End of Day:

Disposal Plan, End of Week:

Disposal Plan, End of Project:

SITE PERSONNEL AND CERTIFICATION STATUS

WESTON

Name: Andris Slesers

Title: Hydrogeologist

Task(s): 1-4

Certification Level or Description: D-S

☒ Medical Current

☒ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

Name: Kurt Fischer

Title: Project Manager

Task(s): 1-4

Certification Level or Description: C-S

☒ Medical Current

☒ Training Current

☒ Fit Test Current (Qual.)

☒ Fit Test Current (Quant.)

Name: Angela Strong

Title: Associate Geologist

Task(s): 1-4

Certification Level or Description: D-S

☒ Medical Current

☒ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current

☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current

☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

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☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

Name:

Title:

Task(s):

Certification Level or Description:

☐ Medical Current

☐ Training Current

☐ Fit Test Current (Qual.)

☐ Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Health and Safety Coordinator is responsible for verifying all certifications and fit tests.

SITE PERSONNEL AND CERTIFICATION STATUS

Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor: Fugro Geosciences, Inc.
Address: 6105 Rookin Street; Houston, Texas 77074

Activities To Be Conducted by Subcontractor: CPT work (Task 2 only). Task 1 subcontractor(s), if necessary are TBD.

Evaluation Criteria

<p>Medical program meets OSHA/WESTON criteria</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>Personal protective equipment available</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>On-site monitoring equipment available, calibrated, and operated properly</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments: To be provided by WESTON</p>
<p>Safe working procedures clearly specified</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>Training meets OSHA/WESTON criteria</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments: At least one worker per crew is 1st Aid/CPR trained.</p>	<p>Emergency procedures</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>
<p>Decontamination procedures</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments: To be determined by WESTON</p>	<p>General health and safety program evaluation</p> <p><input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments:</p>	<p>Additional comments:</p> <p><input checked="" type="checkbox"/> Subcontractor has agreed to and will conform with the WESTON HASP for this project.</p> <p><input type="checkbox"/> Subcontractor will work under his own HASP, which has been accepted by project PM.</p>

Evaluation Conducted by: Andris Slesers

Date: 4/20/00

Subcontractor Personnel – To be determined prior to start

<p>Name:</p> <p>Title:</p> <p>Task(s): 2</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>	<p>Name:</p> <p>Title:</p> <p>Task(s): 2</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>
<p>Name:</p> <p>Title:</p> <p>Task(s): 2</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>	<p>Name:</p> <p>Title:</p> <p>Task(s): 2</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>
<p>Name:</p> <p>Title:</p> <p>Task(s): 2</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>	<p>Name:</p> <p>Title:</p> <p>Task(s): 2</p> <p>Certification Level or Description:</p> <p><input type="checkbox"/> Medical Current <input type="checkbox"/> Training Current <input type="checkbox"/> Fit Test Current (Qual.) <input type="checkbox"/> Fit Test Current (Quant.)</p>

HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM	
Site Name: Evergreen Manor Site	WO#: 20064-036-100
Address: Site is 1.5 miles northwest of the Village of Roscoe in Winnebago County, IL, in the west 1/2 of Sections 21 and 29, the south 1/2 of Section 16, and the East 1/2 of Sections 20 and 30, Township 46 North, Range 2 East.	
I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).	

WO#: 20064-036-100

Address: Site is 1.5 miles northwest of the Village of Roscoe in Winnebago County, IL, in the west 1/2 of Sections 21 and 29, the south 1/2 of Section 16, and the East 1/2 of Sections 20 and 30, Township 46 North, Range 2 East.

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Date _____

Angela Strong

TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

<input checked="" type="checkbox"/> Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 l	<input type="checkbox"/> Level A
<input checked="" type="checkbox"/> Physical hazards, HASP Form 07	<input type="checkbox"/> Level B
<input checked="" type="checkbox"/> Chemical hazards, HASP Form 04	<input type="checkbox"/> Level C
<input checked="" type="checkbox"/> Animal bites, stings, and poisonous plants	<input checked="" type="checkbox"/> Level D
<input type="checkbox"/> Etiologic (infectious) agents	<input type="checkbox"/> Monitoring, 29 CFR 1910.120 (h)
<input checked="" type="checkbox"/> Site control, 29 CFR 1910.120 d	<input checked="" type="checkbox"/> Decontamination, 29 CFR 1910.120 (k)
<input checked="" type="checkbox"/> Engineering controls and work practices, 29 CFR 1910.120 (g)	<input checked="" type="checkbox"/> Emergency response, 29 CFR 1910.120 (l)
<input checked="" type="checkbox"/> Heavy machinery	<input checked="" type="checkbox"/> Elements of an emergency response, 29 CFR 1910.120 (l)
<input type="checkbox"/> Forklift	<input checked="" type="checkbox"/> Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
<input type="checkbox"/> Backhoe	<input type="checkbox"/> Off-site emergency response, 29 CFR 1910.120 (l)
<input checked="" type="checkbox"/> Equipment	<input type="checkbox"/> Handling drums and containers, 29 CFR 1910.120 (j)
<input checked="" type="checkbox"/> Tools	<input type="checkbox"/> Opening drums and containers
<input type="checkbox"/> Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	<input type="checkbox"/> Electrical material handling equipment
<input checked="" type="checkbox"/> Overhead and underground utilities	<input type="checkbox"/> Radioactive waste
<input type="checkbox"/> Scaffolds	<input type="checkbox"/> Shock-sensitive waste
<input type="checkbox"/> Structural integrity	<input type="checkbox"/> Laboratory waste packs
<input type="checkbox"/> Unguarded openings - wall, floor, ceilings	<input type="checkbox"/> Sampling drums and containers
<input type="checkbox"/> Pressurized air cylinders	<input checked="" type="checkbox"/> Shipping and transport, 49 CFR 172.101, IATA
<input checked="" type="checkbox"/> Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	<input type="checkbox"/> Tank and vault procedures
<input type="checkbox"/> Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	<input checked="" type="checkbox"/> Illumination, 29 CFR 1910.120 (m)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sanitation, 29 CFR 1910.120 (n)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

***(Attach completed HASP Form 25
[H&S—1 Chemical Hazards Form]
or attach appropriate data sheets.)***

NIOSH Pocket Guide to Chemical Hazards

1,1-Dichloroethane		CAS 75-34-3
CHCl₂CH₃		RTECS KI0175000
Synonyms & Trade Names Asymmetrical dichloroethane; Ethylidene chloride; 1,1-Ethylidene dichloride		DOT ID & Guide 2362 130
Exposure Limits	NIOSH REL: TWA 100 ppm (400 mg/m ³) See Appendix C (Chloroethanes)	
	OSHA PEL: TWA 100 ppm (400 mg/m ³)	
IDLH 3000 ppm See: 75343		Conversion 1 ppm = 4.05 mg/m ³
Physical Description Colorless, oily liquid with a chloroform-like odor.		
MW: 99.0	BP: 135°F	FRZ: -143°F
P: 182 mmHg	IP: 11.06 eV	Sp.Gr: 1.18
FLP: 2°F	UEL: 11.4%	LEL: 5.4%
Class IB Flammable Liquid: FLP below 73°F and BP at or above 100°F.		
Incompatibilities & Reactivities Strong oxidizers, strong caustics		
Measurement Method Charcoal tube; CS ₂ ; Gas chromatography/Flame ionization detection; IV [#1003, Halogenated Hydrocarbons] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: N.R.		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap flush promptly Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH/OSHA Up to 1000 ppm: (APF = 10) Any supplied-air respirator Up to 2500 ppm: (APF = 25) Any supplied-air respirator operated in a continuous-flow mode Up to 3000 ppm: (APF = 50) Any self-contained breathing apparatus with a full facepiece/(APF = 50) Any supplied-air respirator with a full facepiece Emergency or planned entry into unknown concentrations or IDLH conditions: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, ingestion, skin and/or eye contact		
Symptoms irritation skin; central nervous system depressant/depression; liver, kidney, lung damage		
Target Organs Skin, liver, kidneys, lungs, central nervous system		
See also: INTRODUCTION See ICSC CARD: 0249		

NIOSH Pocket Guide to Chemical Hazards

1,2-Dichloroethylene		CAS 540-59-0
CICH=CHCl		RTECS KV9360000
Synonyms & Trade Names Acetylene dichloride, cis-Acetylene dichloride, trans-Acetylene dichloride, sym-Dichloroethylene		DOT ID & Guide 1150 132P
Exposure Limits	NIOSH REL: TWA 200 ppm (790 mg/m ³)	
	OSHA PEL: TWA 200 ppm (790 mg/m ³)	
IDLH 1000 ppm See: 540590		Conversion 1 ppm = 3.97 mg/m ³
Physical Description Colorless liquid (usually a mixture of the cis & trans isomers) with a slightly acrid, chloroform-like odor.		
MP: 97.0	BP: 118-140°F	FRZ: -57 to -115°F
VP: 180-265 mmHg	IP: 9.65 eV	Sol: 0.4%
FLP: 36-39°F	UEL: 12.8%	Sp.Gr(77°F): 1.27
LEL: 5.6%		
Class IB Flammable Liquid: FLP below 73°F and BP at or above 100°F.		
Incompatibilities & Reactivities Strong oxidizers, strong alkalis, potassium hydroxide, copper [Note: Usually contains inhibitors to prevent polymerization.]		
Measurement Method Charcoal tube; CS ₂ ; Gas chromatography/Flame ionization detection; IV [#1003, Halogenated Hydrocarbons] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: N.R.		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap wash promptly Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH/OSHA Up to 2000 ppm: (APF = 25) Any supplied-air respirator operated in a continuous-flow mode ¹ /(APF = 25) Any powered, air-purifying respirator with organic vapor cartridge(s) ¹ /(APF = 50) Any chemical cartridge respirator with a full facepiece and organic vapor cartridge(s)/(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/(APF = 50) Any self-contained breathing apparatus with a full facepiece/(APF = 50) Any supplied-air respirator with a full facepiece Emergency or planned entry into unknown concentrations or IDLH conditions: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, ingestion, skin and/or eye contact		
Symptoms irritation eyes, respiratory system; central nervous system depressant/depression		

Target Organs Eyes, respiratory system, central nervous system

See also: <u>INTRODUCTION</u> See ICSC CARD: <u>0436</u>
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NIOSH Pocket Guide to Chemical Hazards

Vinylidene chloride		CAS 75-35-4
CH₂=CCl₂		RTECS KV9275000
Synonyms & Trade Names 1,1-DCE; 1,1-Dichloroethene; 1,1-Dichloroethylene; VDC; Vinylidene chloride monomer; Vinylidene dichloride		DOT ID & Guide 1303 129P (inhibited)
Exposure Limits	NIOSH REL: Ca See Appendix A	
	OSHA PEL†: none	
IDLH Ca [N.D.] See: IDLH INDEX		Conversion
Physical Description Colorless liquid or gas (above 89°F) with a mild, sweet, chloroform-like odor.		
BP: 89°F	FRZ: -189°F	Sol: 0.04%
W: 96.9	IP: 10.00 eV	Sp.Gr: 1.21
P: 500 mmHg	UEL: 15.5%	LEL: 6.5%
FLP: -2°F		
Class IA Flammable Liquid: FLP. below 73°F and BP below 100°F.		
Incompatibilities & Reactivities Aluminum, sunlight, air, copper, heat [Note: Polymerization may occur if exposed to oxidizers, chlorosulfonic acid, nitric acid, or oleum. Inhibitors such as the monomethyl ether of hydroquinone are added to prevent polymerization.]		
Measurement Method Charcoal tube; CS ₂ ; Gas chromatography/Flame ionization detection; IV [#1015] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: N.R. Provide: Eyewash, Quick drench		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap flush immediately Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH At concentrations above the NIOSH REL. or where there is no REL. at any detectable concentration: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact		
Symptoms irritation eyes, skin, throat; dizziness, headache, nausea, dyspnea (breathing difficulty); liver, kidney dysfunction; pneumonitis; [Potential occupational carcinogen]		
Target Organs Eyes, skin, respiratory system, central nervous system, liver, kidneys		
Cancer Site [in animals: liver & kidney tumors]		
See also: INTRODUCTION See ICSC CARD: 0083		

NIOSH Pocket Guide to Chemical Hazards

1,1,2-Trichloroethane		CAS 79-00-5
CHCl₂CH₂Cl		RTECS KJ3150000
Synonyms & Trade Names Ethane trichloride, beta-Trichloroethane, Vinyl trichloride		DOT ID & Guide
Exposure Limits	NIOSH REL: Ca TWA 10 ppm (45 mg/m ³) [skin] See Appendix A See Appendix C (Chloroethanes)	
	OSHA PEL: TWA 10 ppm (45 mg/m ³) [skin]	
IDLH Ca [100 ppm] See: 79005		Conversion 1 ppm = 5.46 mg/m ³
Physical Description Colorless liquid with a sweet, chloroform-like odor.		
W: 133.4	BP: 237°F	FRZ: -34°F
VP: 19 mmHg	IP: 11.00 eV	Sol: 0.4%
FLP: ?	UEL: 15.5%	LEL: 6%
Combustible Liquid, forms dense soot.		
Incompatibilities & Reactivities Strong oxidizers & caustics; chemically-active metals (such as aluminum, magnesium powders, sodium & potassium)		
Measurement Method Charcoal tube; CS ₂ ; Gas chromatography/Flame ionization detection; IV [#1003, Halogenated Hydrocarbons] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet or contaminated Change: N.R. Provide: Eyewash, Quick drench		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap wash promptly Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact		
Symptoms irritation eyes, nose; central nervous system depressant/depression; liver, kidney damage; dermatitis; [Potential occupational carcinogen]		
Target Organs Eyes, respiratory system, central nervous system, liver, kidneys		
Cancer Site [in animals: liver cancer]		

See also: INTRODUCTION See ICSC CARD: 0080 See MEDICAL TESTS: 0235

NIOSH Pocket Guide to Chemical Hazards

Methyl chloroform		CAS 71-55-6
CH₃CCl₃		RTECS KJ2975000
Synonyms & Trade Names Chloroethene; 1,1,1-Trichloroethane; 1,1,1-Trichloroethane (stabilized)		DOT ID & Guide 2831 160
Exposure Limits	NIOSH REL: C 350 ppm (1900 mg/m ³) [15-minute] See Appendix C (Chloroethanes)	
	OSHA PEL†: TWA 350 ppm (1900 mg/m ³)	
IDLH 700 ppm See: 71556		Conversion 1 ppm = 5.46 mg/m ³
Physical Description Colorless liquid with a mild, chloroform-like odor.		
W: 133.4	BP: 165°F	FRZ: -23°F
VP: 100 mmHg	IP: 11.00 eV	Sol: 0.4%
Fl.P: ?	UEL: 12.5%	LEL: 7.5%
Combustible Liquid, but burns with difficulty.		
Incompatibilities & Reactivities Strong caustics; strong oxidizers; chemically-active metals such as zinc, aluminum, magnesium powders, sodium & potassium; water [Note: Reacts slowly with water to form hydrochloric acid.]		
Measurement Method Charcoal tube; CS ₂ ; Gas chromatography/Flame ionization detection; IV [#1003, Halogenated Hydrocarbons] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet or contaminated Change: N.R.		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap wash promptly Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH/OSHA Up to 700 ppm: (APF = 10) Any supplied-air respirator*/(APF = 50) Any self-contained breathing apparatus with a full facepiece Emergency or planned entry into unknown concentrations or IDLH conditions: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, ingestion, skin and/or eye contact		
Symptoms irritation eyes, skin; headache, lassitude (weakness, exhaustion), central nervous system depressant/depression, poor equilibrium; dermatitis; cardiac arrhythmias; liver damage		
Target Organs Eyes, skin, central nervous system, cardiovascular system, liver		

See also: INTRODUCTION See ICSC CARD: 0079 See MEDICAL TESTS: 0141

NIOSH Pocket Guide to Chemical Hazards

Tetrachloroethylene		CAS 127-18-4
$\text{Cl}_2\text{C}=\text{CCl}_2$		RTECS KX3850000
Synonyms & Trade Names Perchloroethylene, Perchloroethylene, Perk, Tetrachloroethylene		DOT ID & Guide 1897 160
Exposure Limits	NIOSH REL: Ca Minimize workplace exposure concentrations. See Appendix A	
	OSHA PEL†: TWA 100 ppm C 200 ppm 300 ppm (5-minute maximum peak in any 3-hours)	
IDLH Ca [150 ppm] See: 127184		Conversion 1 ppm = 6.78 mg/m ³
Physical Description Colorless liquid with a mild, chloroform-like odor.		
MW: 165.8	BP: 250°F	FRZ: -2°F
P: 14 mmHg	IP: 9.32 eV	Sol: 0.02%
Fl.P: NA	UEL: NA	LEL: NA
Noncombustible Liquid, but decomposes in a fire to hydrogen chloride and phosgene.		
Incompatibilities & Reactivities Strong oxidizers; chemically-active metals such as lithium, beryllium & barium; caustic soda; sodium hydroxide; potash		
Measurement Method Charcoal tube; CS ₂ ; Gas chromatography/Flame ionization detection; IV [#1003, Halogenated Hydrocarbons] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet or contaminated Change: N.R. Provide: Eyewash, Quick drench		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap wash promptly Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact		
Symptoms irritation eyes, skin, nose, throat, respiratory system; nausea; flush face, neck; vertigo (an illusion of movement), dizziness, incoordination; headache, somnolence (sleepiness, unnatural drowsiness); skin erythema (skin redness); liver damage; [Potential occupational carcinogen]		
Target Organs Eyes, skin, respiratory system, liver, kidneys, central nervous system		
Cancer Site [in animals: liver tumors]		

See also: INTRODUCTION See ICSC CARD: 0076 See MEDICAL TESTS: 0179

NIOSH Pocket Guide to Chemical Hazards

Trichloroethylene		CAS 79-01-6
ClCH=CCl ₂		RTECS KX4550000
Synonyms & Trade Names Ethylene trichloride, TCE, Trichloroethene, Trilene		DOT ID & Guide 1710 160
Exposure Limits	NIOSH REL: Ca See Appendix A See Appendix C	
	OSHA PEL†: TWA 100 ppm C 200 ppm 300 ppm (5-minute maximum peak in any 2 hours)	
IDLH Ca [1000 ppm] See: 79016		Conversion 1 ppm = 5.37 mg/m ³
Physical Description Colorless liquid (unless dyed blue) with a chloroform-like odor.		
MW: 131.4	BP: 189°F	FRZ: -99°F
ρ: 58 mmHg	IP: 9.45 eV	Sp.Gr: 1.46
Fl.P: ?	UEL(77°F): 10.5%	LEL(77°F): 8%
Combustible Liquid, but burns with difficulty.		
Incompatibilities & Reactivities Strong caustics & alkalis; chemically-active metals (such as barium, lithium, sodium, magnesium, titanium & beryllium)		
Measurement Method Charcoal tube; CS ₂ ; Gas chromatography/Flame ionization detection; IV [#1022] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet or contaminated Change: N.R. Provide: Eyewash, Quick drench		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap wash promptly Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH At concentrations above the NIOSH REL. or where there is no REL. at any detectable concentration: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact		
Symptoms irritation eyes, skin; headache, vertigo (an illusion of movement); visual disturbance, fatigue, giddiness, tremor, somnolence (sleepiness, unnatural drowsiness), nausea, vomiting; dermatitis; cardiac arrhythmias, paresthesia; liver injury; [Potential occupational carcinogen]		
Target Organs Eyes, skin, respiratory system, heart, liver, kidneys, central nervous system		
Cancer Site [in animals: liver & kidney cancer]		
See also: INTRODUCTION See ICSC CARD: 0081 See MEDICAL TESTS: 0236		

ATTACHMENT B

MATERIAL SAFETY DATA SHEETS

(MSDSs)

NIOSH Pocket Guide to Chemical Hazards

Gasoline		CAS 8006-61-9	
		RTECS LX3300000	
Synonyms & Trade Names Motor fuel, Motor spirits, Natural gasoline, Petrol [Note: A complex mixture of volatile hydrocarbons (paraffins, cycloparaffins & aromatics).]		DOT ID & Guide 1203 128	
Exposure Limits	NIOSH REL: Ca See Appendix A		
	OSHA PEL†: none		
IDLH Ca [N.D.] See: IDLH INDEX.		Conversion 1 ppm 2.95 mg/m ³ (approx)	
Physical Description Clear liquid with a characteristic odor.			
MW: 72 (approx)	BP: 102°F	FRZ: ?	Sol: Insoluble
VP: 38-300 mmHg	IP: ?		Sp.Gr(60°F): 0.72-0.76
FLP: -45°F	UEL: 7.6%	LEL: 1.4%	
Class IB Flammable Liquid: FLP. below 73°F and BP at or above 100°F.			
Incompatibilities & Reactivities Strong oxidizers such as peroxides, nitric acid & perchlorates			
Measurement Method None available See: NMAM INDEX			
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet (flammable) Change: N.R. Provide: Eyewash, Quick drench		First Aid (See procedures) Eye: Irrigate immediately Skin: Soap flush immediately Breathing: Respiratory support Swallow: Medical attention immediately	
Respirator Recommendations NIOSH At concentrations above the NIOSH REL, or where there is no REL, at any detectable concentration: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted organic vapor canister/Any appropriate escape-type, self-contained breathing apparatus			
Exposure Routes inhalation, skin absorption, ingestion, skin and/or eye contact			
Symptoms irritation eyes, skin, mucous membrane; dermatitis; headache, fatigue, blurred vision, dizziness, slurred speech, confusion, convulsions; chemical pneumonia (aspiration liquid); possible liver, kidney damage; [Potential occupational carcinogen]			
Target Organs Eyes, skin, respiratory system, central nervous system, liver, kidneys			
Cancer Site [in animals: liver & kidney cancer]			
See also: INTRODUCTION			

NIOSH Pocket Guide to Chemical Hazards

Sodium hydroxide		CAS 1310-73-2
NaOH		RTECS WB4900000
Synonyms & Trade Names Caustic soda, Lye, Soda lye, Sodium hydrate		DOT ID & Guide 1823 154 (dry, solid) 1824 154 (solution)
Exposure Limits	NIOSH REL: C 2 mg/m ³	
	OSHA PEL†: TWA 2 mg/m ³	
IDLH 10 mg/m ³ See: 1310732		Conversion
Physical Description Colorless to white, odorless solid (flakes, beads, granular form).		
MW: 40.0	BP: 2534°F	MLT: 605°F
P: 0 mmHg (approx)	IP: NA	Sp.Gr: 2.13
FLP: NA	UEL: NA	LEL: NA
Noncombustible Solid, but when in contact with water may generate sufficient heat to ignite combustible materials.		
Incompatibilities & Reactivities Water; acids; flammable liquids; organic halogens; metals such as aluminum, tin & zinc; nitromethane [Note: Corrosive to metals.]		
Measurement Method Filter; Hydrochloric acid; Titration; IV [#7401, Alkaline Dusts] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet or contaminated Change: Daily Provide: Eyewash, Quick drench		First Aid (See procedures) Eye: Irrigate immediately Skin: Water flush immediately Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH/OSHA Up to 10 mg/m ³ : (APF = 25) Any supplied-air respirator operated in a continuous-flow mode [‡] /(APF = 50) Any air-purifying, full-facepiece respirator with a high-efficiency particulate filter/(APF = 25) Any powered, air-purifying respirator with a dust and mist filter [‡] /(APF = 50) Any self-contained breathing apparatus with a full facepiece/(APF = 50) Any supplied-air respirator with a full facepiece Emergency or planned entry into unknown concentrations or IDLH conditions: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator with a high-efficiency particulate filter/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, ingestion, skin and/or eye contact		
Symptoms irritation eyes, skin, mucous membrane; pneumonitis; eye, skin burns; temporary loss of hair		
Target Organs Eyes, skin, respiratory system		

See also: INTRODUCTION See ICSC CARD: 0360 See MEDICAL TESTS: 0210

NIOSH Pocket Guide to Chemical Hazards

Sulfuric acid		CAS 7664-93-9
H₂SO₄		RTECS WS5600000
Synonyms & Trade Names Battery acid, Hydrogen sulfate, Oil of vitriol, Sulfuric acid (aqueous)		DOT ID & Guide 1830 137 1831 137 (fuming) 1832 137 (spent)
Exposure Limits	NIOSH REL: TWA 1 mg/m ³	
	OSHA PEL: TWA 1 mg/m ³	
IDLH 15 mg/m ³ See: 7664939		Conversion
Physical Description Colorless to dark-brown, oily, odorless liquid. [Note: Pure compound is a solid below 51°F. Often used in an aqueous solution.]		
MW: 98.1	BP: 554°F	FRZ: 51°F
VP: 0.001 mmHg	IP: ?	Sp.Gr: 1.84 (96-98% acid)
FLP: NA	UEL: NA	LEL: NA
Noncombustible Liquid, but capable of igniting finely divided combustible materials.		
Incompatibilities & Reactivities Organic materials, chlorates, carbides, fulminates, water, powdered metals [Note: Reacts violently with water with evolution of heat. Corrosive to metals.]		
Measurement Method Si gel*; NaHCO ₃ /Na ₂ CO ₃ ; Ion chromatography; IV [#7903, Inorganic Acids] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact Eyes: Prevent eye contact Wash skin: When contaminated Remove: When wet or contaminated Change: N.R. Provide: Eyewash (>1%), Quick drench (>1%)		First Aid (See procedures) Eye: Irrigate immediately Skin: Water flush immediately Breathing: Respiratory support Swallow: Medical attention immediately
Respirator Recommendations NIOSH/OSHA Up to 15 mg/m ³ : (APF = 25) Any supplied-air respirator operated in a continuous-flow mode [£] /(APF = 25) Any powered, air-purifying respirator with acid gas cartridge(s) in combination with a high-efficiency particulate filter [£] (APF = 50) Any chemical cartridge respirator with a full facepiece and acid gas cartridge(s) in combination with a high-efficiency particulate filter/(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted acid gas canister having a high-efficiency particulate filter/(APF = 50) Any self-contained breathing apparatus with a full facepiece/(APF = 50) Any supplied-air respirator with a full facepiece Emergency or planned entry into unknown concentrations or IDLH conditions: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-		

mounted acid gas canister having a high-efficiency particulate filter/Any appropriate escape-type, self-contained breathing apparatus

Exposure Routes inhalation, ingestion, skin and/or eye contact

Symptoms irritation eyes, skin, nose, throat; pulmonary edema, bronchitis; emphysema; conjunctivitis; stomatis; dental erosion; tracheobronchitis; eye, skin burns; dermatitis

Target Organs Eyes, skin, respiratory system, teeth

See also: INTRODUCTION See ICSC CARD: 0362 See MEDICAL TESTS: 0218

NIOSH Pocket Guide to Chemical Hazards

Hydrogen chloride		CAS 7647-01-0
HCl		RTECS MW4025000
Synonyms & Trade Names Anhydrous hydrogen chloride; Aqueous hydrogen chloride (i.e., Hydrochloric acid, Muriatic acid) [Note: Often used in an aqueous solution.]		DOT ID & Guide 1050 125 (anhydrous) 1789 157 (solution)
Exposure Limits	NIOSH REL: C 5 ppm (7 mg/m ³)	
	OSHA PEL: C 5 ppm (7 mg/m ³)	
IDLH 50 ppm See: 7647010		Conversion 1 ppm = 1.49 mg/m ³
Physical Description Colorless to slightly yellow gas with a pungent, irritating odor. [Note: Shipped as a liquefied compressed gas.]		
W: 36.5	BP: -121°F	FRZ: -174°F
P: 40.5 atm	IP: 12.74 eV	RGasD: 1.27
FLP: NA	UEL: NA	LEL: NA
Nonflammable Gas		
Incompatibilities & Reactivities Hydroxides, amines, alkalis, copper, brass, zinc [Note: Hydrochloric acid is highly corrosive to most metals.]		
Measurement Method Si gel; NaHCO ₃ /Na ₂ CO ₃ ; Ion chromatography; IV [#7903, Inorganic Acids] See: NMAM INDEX		
Personal Protection & Sanitation Skin: Prevent skin contact (solution)/Frostbite Eyes: Prevent eye contact/Frostbite Wash skin: When contaminated (solution) Remove: When wet or contaminated (solution) Change: N.R. Irritant: Eyewash (solution), Quick drench (solution), Frostbite		First Aid (See procedures) Eye: Irrigate immediately (solution)/Frostbite Skin: Water flush immediately (solution)/Frostbite Breathing: Respiratory support Swallow: Medical attention immediately (solution)
Respirator Recommendations NIOSH/OSHA Up to 50 ppm: (APF = 10) Any chemical cartridge respirator with cartridge(s) providing protection against the compound of concern*/(APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted canister providing protection against the compound of concern*/(APF = 25) Any powered, air-purifying respirator with cartridge(s) providing protection against the compound of concern*/(APF = 10) Any supplied-air respirator*/(APF = 50) Any self-contained breathing apparatus with a full facepiece Emergency or planned entry into unknown concentrations or IDLH conditions: (APF = 10,000) Any self-contained breathing apparatus that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode/(APF = 10,000) Any supplied-air respirator that has a full facepiece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus Escape: (APF = 50) Any air-purifying, full-facepiece respirator (gas mask) with a chin-style, front- or back-mounted acid gas canister/Any appropriate escape-type, self-contained breathing apparatus		
Exposure Routes inhalation, ingestion (solution), skin and/or eye contact		
Symptoms irritation nose, throat, larynx; cough, choking; dermatitis; solution: eye, skin burns; liquid: frostbite; in animals: laryngeal spasm; pulmonary edema		

Target Organs Eyes, skin, respiratory system
See also: <u>INTRODUCTION</u> See ICSC CARD: <u>0163</u> See MEDICAL TESTS: <u>0116</u>

ATTACHMENT C

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES

(FLD OPs)

*** SEE SAFETY OFFICERS FIELD MANUAL**

ATTACHMENT D

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

- ☒ Site or other location name/address: Evergreen Manor / Roscoe, IL
- ☒ Site/Project/Location Manager: Kurt Fischer
- ☒ Site/Location Safety Officer: Andris Slesers
- ☒ List of chemicals compiled, format: ☒ HASP ☐ Other: _____
- ☒ Location of MSDS files: HASP

*** Items below to be completed at site.**

- ☐ Training conducted by: Name: _____ Date: _____
- ☐ Indicate format of training documentation: ☒ Field Log ☐ Other: _____
- ☐ Client briefing conducted regarding hazard communication: _____
- ☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies: _____
- ☐ Other employer(s) notified of chemicals, labeling, and MSDS information: _____
- ☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☐ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.

Material Safety Data Sheets (MSDSs)

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Nonroutine Tasks

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

ATTACHMENT E

AIR SAMPLING PROGRAM DATA SHEETS

SITE AIR MONITORING PROGRAM

Field Data Sheets

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Location:

% LEL	% O ₂	PID (units)	FID (units)	Aerosol Monitor (mg/m ³)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

[illegible]**Date:**

Please reduce your browser font size for better viewing and printing.

24 Hour Emergency Telephone: 800-859-2151
CHEMTREC: 1-800-424-9300

National Response in Canada
CANUTEC: 613-906-6066

Outside U.S. and Canada
Chemtrec: 202-483-7816

NOTE: CHEMTREC, CANUTEC and National Response Center emergency numbers to be used only in the event of chemical emergencies involving a spill, leak, fire, exposure or accident involving chemicals.

MSDS**Material Safety Data Sheet**

From: Mallinckrodt Baker, Inc.
222 Red School Lane
Phillipsburg, NJ 08865

MALLINCKRODT



All non-emergency questions should be directed to Customer Service (1-800-562-2537) for assistance.

ZINC ACETATE

MSDS Number: Z1140 --- Effective Date: 11/17/99

1. Product Identification

Synonyms: Acetic acid, zinc salt, dihydrate; zinc diacetate; zinc acetate dihydrate

CAS No.: 557-34-6 (Anhydrous)

Molecular Weight: 219.50

Chemical Formula: (CH₃COO)₂Zn 2H₂O

Product Codes:

J.T. Baker: 4296, 4297, 4304, 5658

Mallinckrodt: 8740

2. Composition/Information on Ingredients

Ingredient	CAS No	Percent	Hazardous
Zinc Acetate	557-34-6	98 - 100%	Yes

3. Hazards Identification

Emergency Overview

WARNING! HARMFUL IF SWALLOWED OR INHALED. CAUSES IRRITATION TO SKIN, EYES AND RESPIRATORY TRACT.

J.T. Baker SAF-T-DATA^(tm) Ratings (Provided here for your convenience)

Health Rating: 1 - Slight

Flammability Rating: 1 - Slight

Reactivity Rating: 0 - None

Contact Rating: 2 - Moderate
Lab Protective Equip: GOGGLES; LAB COAT
Storage Color Code: Orange (General Storage)

Potential Health Effects

Inhalation:

Causes irritation to the respiratory tract. Symptoms may include coughing, shortness of breath.

Ingestion:

Irritation of the mucous membranes due to hydrolysis and formation of acid in the stomach can occur. Large amounts can produce stomach cramps, stricture of the esophagus, nausea, and vomiting.

Skin Contact:

Causes irritation to skin. Symptoms include redness, itching, and pain.

Eye Contact:

Causes irritation, redness, and pain.

Chronic Exposure:

No information found.

Aggravation of Pre-existing Conditions:

Persons with pre-existing skin disorders or impaired respiratory function may be more susceptible to the effects of the substance.

4. First Aid Measures

Inhalation:

Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.

Ingestion:

Induce vomiting immediately as directed by medical personnel. Never give anything by mouth to an unconscious person. Get medical attention.

Skin Contact:

Immediately flush skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Get medical attention. Wash clothing before reuse. Thoroughly clean shoes before reuse.

Eye Contact:

Immediately flush eyes with plenty of water for at least 15 minutes, lifting lower and upper eyelids occasionally. Get medical attention immediately.

5. Fire Fighting Measures

Fire:

Not considered to be a fire hazard.

Explosion:

Not considered to be an explosion hazard.

Fire Extinguishing Media:

Use any means suitable for extinguishing surrounding fire.

Special Information:

In the event of a fire, wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full facepiece operated in the pressure demand or other positive pressure mode.

6. Accidental Release Measures

Ventilate area of leak or spill. Wear appropriate personal protective equipment as specified in Section 8. Spills: Pick up and place in a suitable container for reclamation or disposal, using a method that does not generate dust. US Regulations (CERCLA) require reporting spills and releases to soil, water and air in excess of reportable quantities. The toll free number for the US Coast Guard National Response Center is (800) 424-8802.

7. Handling and Storage

Keep in a tightly closed container, stored in a cool, dry, ventilated area. Protect against physical damage. Isolate from incompatible substances. Containers of this material may be hazardous when empty since they retain product residues (dust, solids); observe all warnings and precautions listed for the product.

8. Exposure Controls/Personal Protection

Airborne Exposure Limits:

None established.

Ventilation System:

A system of local and/or general exhaust is recommended to keep employee exposures as low as possible. Local exhaust ventilation is generally preferred because it can control the emissions of the contaminant at its source, preventing dispersion of it into the general work area. Please refer to the ACGIH document, *Industrial Ventilation, A Manual of Recommended Practices*, most recent edition, for details.

Personal Respirators (NIOSH Approved):

For conditions of use where exposure to the dust or mist is apparent, a half-face dust/mist respirator may be worn. For emergencies or instances where the exposure levels are not known, use a full-face positive-pressure, air-supplied respirator. **WARNING:** Air-purifying respirators do not protect workers in oxygen-deficient atmospheres.

Skin Protection:

Wear protective gloves and clean body-covering clothing.

Eye Protection:

Use chemical safety goggles. Maintain eye wash fountain and quick-drench facilities in work area.

9. Physical and Chemical Properties

Appearance:

White crystals or powder.

Odor:

Slight acetic acid (vinegar) odor.

Solubility:

43g in 100g water.

Density:

1.74

pH:

No information found.

% Volatiles by volume @ 21C (70F):

0

Boiling Point:

Decomposes.

Melting Point:

237C (459F)

Vapor Density (Air=1):

No information found.

Vapor Pressure (mm Hg):

No information found.

Evaporation Rate (BuAc=1):

No information found.

10. Stability and Reactivity

Stability:

Loses water of hydration above 100C.

Hazardous Decomposition Products:

Freshly-formed zinc oxide or zinc oxide fumes at high temperatures (over 800C).

Hazardous Polymerization:

Will not occur.

Incompatibilities:

No incompatibility data found. Oxidizing agents, zinc salts in general, alkalis and their carbonates, oxalates, phosphates, sulfides.

Conditions to Avoid:

Heat, flames, ignition sources and incompatibles.

11. Toxicological Information

Oral rat: LD50: 2510 mg/kg. Reproductive effects cited. Mutation references cited.

-----\Cancer Lists\-----

Ingredient	---NTP Carcinogen---		IARC Category
	Known	Anticipated	
Zinc Acetate (557-34-6)	No	No	None

12. Ecological Information

Environmental Fate:

No information found.

Environmental Toxicity:

No information found.

13. Disposal Considerations

Whatever cannot be saved for recovery or recycling should be managed in an appropriate and approved

waste disposal facility. Processing, use or contamination of this product may change the waste management options. State and local disposal regulations may differ from federal disposal regulations. Dispose of container and unused contents in accordance with federal, state and local requirements.

14. Transport Information

Not regulated.

15. Regulatory Information

-----\Chemical Inventory Status - Part 1\-----				
Ingredient	TSCA	EC	Japan	Australia
Zinc Acetate (557-34-6)	Yes	Yes	Yes	Yes

-----\Chemical Inventory Status - Part 2\-----				
Ingredient	Korea	DSL	Phil.	Canada
Zinc Acetate (557-34-6)	Yes	Yes	No	Yes

-----\Federal, State & International Regulations - Part 1\-----				
Ingredient	-SARA 302-	TPQ	List	-SARA 313-
Zinc Acetate (557-34-6)	No	No	No	Zinc compound

-----\Federal, State & International Regulations - Part 2\-----			
Ingredient	CERCLA	-RCRA-	-TSCA-
Zinc Acetate (557-34-6)	1000	261.33	8(d)

Chemical Weapons Convention: No TSCA 12(b): No CDTA: No
 VA 311/312: Acute: Yes Chronic: No Fire: No Pressure: No
 Reactivity: No (Mixture / Solid)

Australian Hazchem Code: No information found.

Poison Schedule: No information found.

WHMIS:

This MSDS has been prepared according to the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

16. Other Information

NFPA Ratings: Health: 1 Flammability: 0 Reactivity: 0

Label Hazard Warning:

WARNING! HARMFUL IF SWALLOWED OR INHALED. CAUSES IRRITATION TO SKIN, EYES AND RESPIRATORY TRACT.

Label Precautions:

Avoid contact with eyes, skin and clothing.
Avoid breathing dust.
Keep container closed.
Use only with adequate ventilation.
Wash thoroughly after handling.

Label First Aid:

In case of contact, immediately flush eyes or skin with plenty of water for at least 15 minutes. Remove contaminated clothing and shoes. Wash clothing before reuse. If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. If swallowed, induce vomiting immediately as directed by medical personnel. Never give anything by mouth to an unconscious person. In all cases, get medical attention.

Product Use:

Laboratory Reagent.

Revision Information:

No changes.

Disclaimer:

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